Learn About Our Pharmacy Program

Effective January 1, 2019

This guide provides an overview of the pharmacy program, lists some of the medications covered under your plan, lists medications not covered under your plan, and provides other important information about your pharmacy coverage.
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Pharmacy Program Overview

Our pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We’ve carefully developed a substantial covered medication list that includes many medications that are available at affordable out-of-pocket costs.

About This Guide
This guide is up to date as of January 1, 2019, and is subject to change. Use it as a reference whenever you need coverage information about our pharmacy program. For the most current and complete information about covered medications, visit our website at bluecrossma.com/medications.

Mail Order Pharmacy
You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that administers your pharmacy benefits, at express-scripts.com. In some cases, you’ll pay less for a 90-day supply of maintenance medications (also known as long-term medications) than you would for three 30-day supplies at a retail pharmacy. You’ll also make fewer trips to the pharmacy and be less likely to miss a dose, since you won’t have to refill as often.

To use the Mail Order Pharmacy, download the order form at bluecrossma.com/pharmacy, or call 1-800-262-BLUE (2583).

Online Resources

Medication Lookup
Search for covered medications at bluecrossma.com/medications. The information here represents our standard pharmacy coverage—your coverage may vary. Generally, drugs listed as “non-covered” will fall in Tier 3 for TL 170 H&WF members unless otherwise excluded by your plan. Changes to our covered medications usually take place on January 1 and July 1. For help and more information, call Member Service at 1-800-932-8323.

MyBlue
Discover a more personalized experience when looking up your health care information, such as detailed plan information and claims. Log in or create an account at bluecrossma.com/myblue.

Express Scripts
Get information about your specific pharmacy coverage by visiting express-scripts.com. There, you can look up the cost of medications, find a pharmacy, and set up home delivery.
What You Pay for Medications

Our covered medications list is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by the tier your medication is on and your benefits. Medications are placed on tiers according to a variety of factors, including what they are used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will tell you how much you owe.

In a 3-tier structure
Usually, you'll pay the least for Tier 1 medications and the most for Tier 3 medications.

If you or your doctor requests a brand-name medication to be dispensed when there is a generic equivalent medication available, you'll pay the brand copayment plus the difference in the cost between the brand and generic medication (the difference in the cost between the brand and generic medication is also referred to as an “ancillary fee”).

The request for a brand-name medication to be dispensed when there is a generic equivalent available is called a “Dispense as Written” prescription. Ancillary fees will be waived for brand versions of select medications for treatment of seizures (Carbamazepine and Phenytoin), heart rhythm disorders (Digoxin, Flecaïnide, and Quinidine), blood thinners (Warfarin), asthma (Theophylline), transplant immunosuppressants (Cyclosporine, Sirolimus, and Tacrolimus), manic depression (Lithium), and thyroid supplementation (Levothyroxine Sodium).

Some medications are formulated or packaged to deliver greater than a 30-day supply in a single dosage/dispensing unit. For some of these medications, members will be charged more than one 30-day copayment per fill depending on the medication and dosage/dispensing unit. For example, Estring is formulated as a 90-day dosage unit and members will be charged three 30-day copayments.

Proton pump inhibitors, such as omeprazole and Prilosec, as well as over-the-counter versions of these medications with a valid prescription, are still covered under your plan. With a valid prescription, your plan also covers over-the-counter versions of h-2 blockers, such as Ranitidine, as well as non-sedating antihistamines, such as Claritin. Branded over-the-counter products are covered at your highest tier, while generic over-the-counter products are covered at Tier 1 costs.

The amount you pay may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.

Compounded Medications

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially available medications don’t meet your specific needs as determined by your provider. Some compounded medications may need Prior Authorization or have Quality Care Dosing guidelines.
Covered Medications List Changes

Our covered medications list may change from time to time. These changes may include changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a retail specialty pharmacy. The Fund will notify members of these changes at least 60 days in advance of the change.

Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription. A sample ID card is shown at the left.
Preventive Medications

The following list includes prescription and over-the-counter medications that are covered at no cost to you when they are prescribed by your doctor. This list is up to date as of January 1, 2019, and may change from time to time.

- **Breast cancer preventive medications** (tamoxifen and raloxifene) are covered for ages 35 and older without a prior diagnosis of breast cancer
- **Bowel preparations** (generic medications or brand without a generic equivalent and including over-the-counter evacuants when they are prescribed by your doctor) are covered for males and females ages 50 to 75 prior to colorectal screening exams
- **Erythromycin eye ointment** is covered for infants up to 12 months old
- **Fluoride supplements** are covered for children ages 6 months through 16
- **Generic Aspirin** (81mg)
- **Generic contraceptives**, or brand medications without a generic equivalent, (e.g., includes prescription contraceptives and over-the-counter products such as female condoms, sponges, and spermicide) are covered up to age 54
- **Generic Folic Acid** (includes prescription and over-the-counter) is covered for people up to age 54
- **Generic Iron** is covered for infants up to 12 months old
- **Generic smoking cessation** (e.g., nicotine gum, lozenges, and patches), or brand medications without a generic equivalent, are covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** (up to 800 IU per day) is covered for people ages 65 and older
- **Various vaccines** are covered, age requirements vary by vaccine type
Quality Care Dosing

Our Quality Care Dosing program helps to ensure that the quantity and dosage meet the Food and Drug Administration's (FDA) regulations, clinical standards, and manufacturer’s guidelines of the medications you receive. When you fill a prescription for one of the following medications, it’s checked electronically in two ways:

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<th>Dose Consolidation</th>
<th>Recommended Monthly Dosing Level</th>
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<tr>
<td>Checks to see whether you’re taking two or more pills a day that can be replaced with one pill providing the same daily dosage</td>
<td>Checks to see that your monthly dosage is consistent with the manufacturer's and the FDA's monthly dosing recommendations and clinical information</td>
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</tbody>
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You may fill a quantity up to the allowed limit, but quantities greater than the allowed limit will be denied.

Note: Your doctor may request an exception for medications that are subject to Quality Care Dosing when medically necessary. Some medications on this list may also be subject to Step Therapy and/or Prior Authorization requirements, or be considered specialty medications. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Quality Care Dosing program is up to date as of January 1, 2019, and may change from time to time.

For the most up to date list of medications subject to Quality Care Dosing, along with associated dosing limits, visit our website at bluecrossma.com/pharmacy, click on Pharmacy Management Program, and proceed to the Quality Care Dosing section.
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Prior Authorization

Your doctor is required to obtain Prior Authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

Another part of our Prior Authorization program is Step Therapy. Please refer to the Step Therapy section in this brochure for more information.

Note: Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, or be considered specialty medications. Please check the corresponding pages to determine coverage requirements.

This list of medications that require Prior Authorization is up to date as of January 1, 2019, and may change from time to time.

For the most up to date list of medications that require Prior Authorization, visit our website at bluecrossma.com/pharmacy, click on Pharmacy Management Program, and proceed to Prior Authorization.
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Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to provide certain medications classified as specialty. We’ll cover the cost of some specialty medications if you fill them at a pharmacy outside of our network. We do this because these highly specialized medications aren’t always available at one of our in-network pharmacies. The following is a list of medications that can be purchased from one of the pharmacies in our network, and a list of medications we’ll cover at a pharmacy outside of our network.

**Network Pharmacy Information**

**AcariaHealth™**
1-866-892-1202
Fax: 1-877-541-1503
acariahealth.com

**Accredo®**
1-877-988-0058
Fax: 1-800-391-9707
accredo.com

**BriovaRx®**
1-844-284-9462
Fax: 1-866-496-1196
briovarx.com

**CVS Specialty™**
1-866-846-3096
Fax: 1-800-323-2445
cvsspecialty.com

**Network Pharmacy Information for Fertility Medications**

**AcariaHealth™ Fertility**
1-877-928-5125
Fax: 866-927-9870
acariahealth.com/index.php/explore/infertility

**AllianceRx Walgreens Prime**
1-800-424-9002
Fax: 1-800-874-9179
alliancerxwp.com

**BriovaRx**
1-800-850-9122
Fax: 1-800-218-3221
briovarx.com

**Freedom Fertility Pharmacy**
1-866-297-9452
Fax: 1-888-660-4283
freedomfertility.com

**Metro Drugs**
1-800-649-2872
Fax: 1-888-258-4242
metrodrugs.com

**Village Fertility Pharmacy**
1-877-334-1610
Fax: 1-866-935-0719
villagefertilitypharmacy.com

Note: Some medications on this list may also be subject to Step Therapy, Prior Authorization, and/or Quality Care Dosing requirements. Please check the corresponding pages to determine coverage requirements.

This list is up to date as of January 1, 2019, and may change from time to time. You can find the latest information about your medications and look up pharmacy contact information by visiting [blucrossma.com/pharmacy](http://blucrossma.com/pharmacy).
# Specialty Pharmacy Medications

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- Adempas
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- Alcansa
- Alkeran
- Alunbrig
- Ampyra
- Aubagio
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- Bosulif
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- Carboplatin
- Cayston
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- Oclavia
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Orenitram
Orkambi
Pomalyst
Procysbi
Promacta
Pulmozyme
Ravicti
Rebetol
Revatio
Revlimid
Ribapak
Ribasphere
Ribasphere Ribapak
Ribatab
Ribavirin
Rilutek
Riluzole
Rubraca
Rydapt
Sabril
Samsca
Sildenafil
Sovaldi
Sprycel
Stivarga
Sucraide
Sutent
Symdeko
Tadalafil
Tafinlar
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Tarceva
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Tecfidera
Technivie
Temodar
Temozolomaide
Tetrahexamine
Thalomid
TOBI amplex
TOBI-Podhaler
Tobramycin amplex
Tracleer
Tykerb
Tyvaso
Uptivi
Veltassa
Venclexta
Verzenio
Viekira PAK
Viekira XR
Vigabatrin
Vigaden
Vosevi
Votrient
Xalkori
Xeljanz
Xeljanz XR
Xeloda
XenaRine
Xtandi
Xyrem
Zavesca
Zelboraf
Zepatier
Zolinza
Zykadia
Zytiga

Jynarque
Keveyis
Korlym
Nityr
Orfadin
Otezla
Otezla Starter Pack
TaValissee
Thiola
Vistogard
Xermelo
Xuriden
Yonsa
Zejula
Zydelig

Topical
Mugard
Panretin
Qutenza
Valchlor

Out-Of-Network Topical
Cystaran
Synarel

Fertility Medications
Bravelle
Cetrotide
Clomid
Clomiphene
Crinone
Endometrin
Follistim AQ
Ganirelix
Gonal F/Gonal F RFF
Gonal F RFF Rediject
Human Chorionic Gonadotropin (HCG)
Leuprolide
Lupron Depot
Lupron Depot-Ped
Luveris
Makena
Menopur

Novarel
Ovidrel
Pregnyl
Repronex
Serophene
Step Therapy

Step Therapy is a key part of our Prior Authorization program that allows us to help your doctor provide you with an appropriate and affordable drug treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

Note: Some medications on this list may also be subject to Prior Authorization and/or Quality Care Dosing requirements, or be considered specialty medications. Please check the corresponding pages to determine coverage requirements.

This list is up to date as of January 1, 2019, and may change from time to time.

For the most up to date list of medications that require Step Therapy, please visit our website at bluecrossma.com/pharmacy, click on Pharmacy Management Program, and proceed to Step Therapy.
# Step Therapy

## Diabetes Management
- Adlyxin
- Alogliptin
- Alogliptin/Metformin
- Alogliptin/Pioglitazone
- ACTOplus Met
- ACTOplus Met XR
- Actos
- Avandaryl
- Avandia
- Byetta
- Bydureon
- Duetact
- Farxiga
- Fortamet
- Glucophage
- Glucophage XR
- Glumetza
- Glyxambi
- Invokana
- Invokamet
- Invokamet XR
- Janumet
- Janumet XR
- Januvia
- Jardiance
- Jentadueto
- Jentadueto XR
- Kazano
- Kombiglyze XR
- Metformin Film Coated ER
- Metformin ER
- Nesina
- Onglyza
- Oseni
- Ozempic
- Pioglitazone
- Pioglitazone-Glimepiride
- Pioglitazone-Metformin
- Prandin
- Qtern
- Segluromet
- Soliqua
- Steglatro
- Steglujan
- Synjardy
- Tanzeum
- Tradjenta
- Trulicity
- Victoza
- Xigduo
- Xigduo XR
- Xultophy

## Glaucoma
- Lumigan
- Rescula
- Travatan
- Travatan Z
- Xalatan

## Osteoporosis Treatment (Oral)
- Actonel
- Atelvia DR
- Binosto
- Boniva tablets
- Fosamax
- Fosamax Plus D

## Pain Relievers (Cox II Inhibitors)
- Capxib
- Celebrex
- Celecoxib
- Lidoxib

## Prostate Treatment
- Avodart
- Jalyn
- Proscar

## Overactive Bladder Treatment
- Detrol
- Detrol LA
- Ditropan XL
- Enablex
- Gelnique
- Oxytrol

## Topical Testosterone
- Axiron
- Fortesta
- Natesto Nasal
- Testim
- Testosterone gel (Fortesta Authorized product)
- Testosterone gel (Testim Authorized product)
- Testosterone gel (Vogelxo Authorized product)
- Testone CIK Kit
- Testosterone CIK Kit
- Vogelxo
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<td>8, 11</td>
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<tr>
<td>Zoladex</td>
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<td>Zoledronic Acid</td>
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<td>Zolinza</td>
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<td>Zolpimist</td>
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<td>Zomactin</td>
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<td>Zomacton</td>
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<tr>
<td>Zometa</td>
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</table>
Nondiscrimination Notice

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

Free aid and services for people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).

• Free language services for people whose primary language is not English, such as qualified interpreters and information written in other languages.

• If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at civilrightscoordinator@bcbsma.com.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; or by phone at 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at hhs.gov.
Translation Resources Proficiency of Language Assistance Services

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意：如果您讲中文，我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部（TTY 号码：711）。


Arabic/العربية: انتباه: إذا كنت تتحدث اللغة العربية، فتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. تصل خدمات الأعضاء على الرقم الموجود على بطاقة الهوية (جهاز الهاتف النصي للصم والبكم: TTY 711).

Mon-Khmer, Cambodian/ភាសាខ្មែរ: ការជូនដំណឹង៖ ប្រសិនប្រើអ្នកនិយាយភាសាខ្មែរ នឹងមាត់សំរាប់ការជំនួយ ហៈលេខរបស់អ្នក។ សូមទូរស័ព្ទបៅផ្នែកសំរាប់ទូរស័ព្ទមេរោគរាស្ត្រ (TTY: 711).


Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).


Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους (ID Card) σας (TTY: 711).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: अगर हिंदी बोलते हैं, तो आप सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टीटीआई: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: તમે ગુજરાતી બોલતા હો, તો તમા સહાયતા સેવાઓ, આપને નિઃશુલક ઉપલ્બ્ધ હોય છે. સદસ્ય સેવાઓ આપની આઇડી કાર્ડ પર આપણી સેવાઓ ના નંબર પર કૉલ કરો (711).


Japanese/日本語: お知らせ：日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください（TTY: 711）。


Persian/پارسی: توجه: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می‌گیرد با شماره ثابت شناسایی خود با شناسایی خدمات اعضای تکمیل گردد (TTY: 711).


Navajo/Diné Bizaad: BAA AKOHWINDZIN DOOŁGI: Diné k’ehji yañiit’i’ go saad bee yáti’i’ éi t’áajjii’k’ee bee níka’a’doowolgo éi ná’aahoot’i’i’. Díí bee antahíghi ninaałtsosoos bine’déé’ nóloma biká’ígííjí’ béésh bee hodilíinh (TTY: 711).